

POLITICAL ACTION COMMITTEE OR LEGISLATIVE CAUCUS COMMITTEE STATEMENT OF ORGANIZATION

State Form 28251 (R9/9-09) Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

| · | | | | | | | FILE NUMBER | |
|--|-------------|------------------------------|-------------------|-----------------------|---|---------------------|--------------------------------|--|
| 1. IS THIS AN AMENDMEN | T? 🗹 | No ☐ Yes If Ye | s, please e | nter the file n | ımber in th | nis box → | | |
| SECTION A COMMITT | EE IN | FORMATION: F | ill in all ar | onlicable ho | es as full | v and accura | tely as possible | |
| SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. 2. Full Name of Committee (Do not abbreviate) | | | | | | | | |
| Citizens for IPS Excellence | | | | | | | | |
| 4. Mailing Address (Address where | | | is received) | ☐ Check if this is a | new address | 5. E-mail Addres | s (Optional) | |
| 2403 N. Pennsylvani | a Stre | et, Indianapolis | s, IN 4620 |)5 | | Į | | |
| 6. City State ZIP Code 7. FAX (Opti | | | | | 8. Telephone | | 9. Committee Organization Date | |
| Indianapolis | IN | 46229 | (,) | | (317) | 439-2080 | (MM-DD-YY) 9/27/12 | |
| 10. Is this committee registered with the Federal Election Commission? Yes Mo 11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? | | | | | | | | |
| 12. State the purpose of the con | nmittee | and on which issues | the committee | e expects to foci | JS. | | | |
| Support of candidate | s for | IPS School Boa | ard | | | | | |
| 13. Name and address of any connected, affiliated, sponsoring organization, corporation, 14. Is this committee supporting a political party's entire ticket? Yes No | | | | | | | | |
| group, or individual. Check party affit | | | | | iation if applicable: Democratic Libertarian Republican | | | |
| ☐ Other | | | | | | | | |
| 15. If supporting or opposing a public question, state both the subject of the question AND the committee position. | | | | | | | | |
| | | | | | | | | |
| 16. Chairperson's Name | | | | | 17. E-mail Address (Optional) | | | |
| Steve Campbell | | | | | 1112 | au coo (Opcona) | | |
| 18. Mailing Address | | | | | 19. Telephone (Day) 20. Telephon | | 20. Telephone (Evening) | |
| 2403 N. Pennsylvania Street Indianapolis, IN 46205 | | | | | (317) 439-2080 | | , 317 , 439-2080 | |
| 21. Treasurer's Name | | | | | 22. E-mail Address (Optional) | | | |
| Rosiline Floyd | | | | | | | | |
| 23. Mailing Address | | | | | 24. Telepho | ne (Dav) | 25. Telephone (Evening) | |
| 10912 Green Meadow Place Indianapolis, IN 46229 | | | | | (317 \ 441-2801 (317 \ 441-2801 | | | |
| 26. Custodian of Records' Name | | | | | <u> </u> | | | |
| 26. Custodian of Records' Name Check if this is a new custodian 27. E-mail Address (Optional) | | | | | | | | |
| 28. Mailing Address | | | | | 29. Telepho | ne (Dav) | 30. Telephone (Evening) | |
| 10912 Green Meadow Place, Indianapolis, IN 46229 | | | | | (20) | | | |
| 31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) | | | | | | | | |
| Huntington Bank | (LISC GII D | anks of other depositorie | is in which the (| commune acposm | , rando, rioldo e | Jocoarna, rema Gare | y dopodi Boxos di manamo miloy | |
| * | MENT | OF TREASURE | P (IC 3-9.1 | [_1.4]) | | | | |
| SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14) 32. I, as Chairperson of the foregoing committee, Person Appointed Treasurer Signature of the Committee Chairperson | | | | | | | | |
| appoint the following person as Treasurer of the Rosiline Floyd | | | | | | 1 /14 | 42 5 000 | |
| Committee. | | | | | | | 10 | |
| SECTION C. ACCEPTA 33. I give notice that I accept the second se | | | | | - Hand | | FOR OFFICE USE ONLY | |
| I am not the chairperson of an | | | | rer of this com | muee. | | FOR OFFICE USE ONLY | |
| 34. Typed or Printed Name of | Treasu | rer Signature o | f Treasurer | | Date (MM | I-DD-YY) | | |
| Rosiline Floyd | | May | \sim χ | NQ, | 9/2 | 7/12 | | |
| SECTION D. CERTIFIC | | | | | | | | |
| I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. | | | | | | | | |
| To the best of my knowledge and belief it is true, correct and complete. 35. Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY) | | | | | | | | |
| | | | | | | 7/12 | | |
| Warning: Any information contained in requires that any change in this information | on must be | e reported within 10 days o | f the change. (IC | 3-9-1-10) A person v | vho knowingly file | es a fraudulent | | |
| report commits a Class D felony. (IC 3- Finance Law commits a Class B misdeme | 14-1-13) I | A person who tails to file a | complete or act | curate report as requ | ired by the India | ana Campaign | | |